

January 30, 2017

Marlene H. Dortch, Secretary Office of Secretary Federal Communications Commission 445 12th Street, S.W. Washington, DC 20554

RE: Annual Lifeline Eligible Telecommunications Carrier Certification Form – FCC Form 555

Dear Ms. Dortch:

Attached is a completed Form 555 for Uintah Basin Electronic Telecommunications, LLC. Study Area Code 469025. The attached report covers the current Form 555 Calendar Year 2016. The report due date is January 31, 2017.

If you should need additional information or have any questions please do not hesitate to contact me 435-622-5007 or by email at ksearle@stratanetworks.com.

This report is filed to the FCC via the Electronic Comment Filing System in Docket WC 14-171 at http://apps.fcc.gov/ecfs/upload.

Sincerely,

Karl Searle

Karl Senli

Chief Financial Officer

Enclosure

Initial ___

Annual Lifeline Eligible Telecommunications Carrier Certification Form
All carriers must complete all or portions of all sections
Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST Deadline: January 31st (Annually)

469025		143000199
Study Area Code (SAC) (An Eligible Telecommunicati		Service Provider Identification Number (SPIN) rtification form for each SAC through which it provides Lifeline service).
2016	СО	Uintah Basin Electronics Telecommunications L
Recertification Year	State	ETC Name
STRATA Networks		N/A
DBA, Marketing, or Otl	her Branding Name A" Do <u>not</u> leave blank)	Holding Company Name (If same as ETC name, list "N/A" Do not leave blank)
Provide a list of all ETCs that an determined in accordance with S	Section 3(2) of the Communications A	Yes No
Affiliated ETC's SAC		Affiliated ETC's Name
See attached worksheet -	-	
formation, or other similar laws (or partnership agreen	legal document. An officer is nent), and would typically be p	of a position listed in the article of incorporation, articles of a person who occupies a position specified in the corporate by president, vice president for operations, vice president for finance er is a sole proprietorship, the owner must sign the certification.
Section 1: Initial Cer	tification All ETCs must complete t	this section
I certify that the company li	isted above has certification pro	ocedures in place to:
that, to the best of my	knowledge, the company wa	ntation prior to enrolling a consumer in the Lifeline program, and as presented with documentation of each consumer's household her enrollment in Lifeline; and/or
	gibility by relying upon access rior to enrolling a consumer in	s to a state database and/or notice of eligibility from the state the Lifeline program.
I am an officer of the comabove.	npany named above. I am auth	orized to make this certification for the Study Area Code listed

Section 2: **Annual Recertification**

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

A	В	С	D	$\mathbf{E} = (\mathbf{A} - \mathbf{B} - \mathbf{C} - \mathbf{D})$
Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year (February data month)	Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers	Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year (These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)	Number of subscribers de-enrolled prior to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC	Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year
0	0	0	0	0

Recertification Results:

F	G	H = (F-G)	I	J = (H+I)
Number of subscribers ETC contacted directly to recertify eligibility through attestation	Number of subscribers responding to ETC contact	Number of non- responding subscribers	Number of subscribers responding that they are no longer eligible (This should be a subset of Block G.)	Number of subscribers de- enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt
0	0	0	0	0

K	L
Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC	Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC
0	0

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A)	I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its
	Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all
	subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F
	through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial _____ AND/OR B) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on:

____. (List database or name of administrator here) Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

C) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial kls

Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

$\mathbf{M} = (\mathbf{F} + \mathbf{K})$	N = (J+L)	$O = ((N \div M) * 100)$
Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC (This should equal the number reported in Block E)	Number of subscribers de-enrolled or scheduled to be de- enrolled as a result of non-response or ineligibility	Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response
0	0	0.0%

Section 4: ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes O

No 👩

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

P	Q
Month	Subscribers De-Enrolled for Non-Usage
January	0
February	0
March	0
April	0
May	0
June	0
July	0
August	0
September	0
October	0
November	0
December	0
Total Subscribers	0

Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signed,	11 10.1
Certified Online	Karl Janh
Signature of Officer	•
ksearle@stratanetw	orks.com
Email Address of Office	r
Karl Searle	

Person Completing This Certification Form

Karl Searle, Chief Financial Officer

Printed Name and Title of Officer 01/30/2017

Date

435-622-5472

Contact Phone Number

Affiliated ETCs

SAC	Name
502287	
519011	UBTA-UBET Communications Inc Uintah Basin Electronics Telecommunications LLC
	Cintain Basin Electronies Telecommunications EEC